

PIKES PEAK UNITED WAY PLEDGE FORM



1. PLEASE PROVIDE YOUR INFORMATION

MR/MRS/MS/DR _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ PERSONAL PHONE CELL HOME WORK PHONE _____

COMPANY NAME _____ EMAIL _____

Gender: F M Other
Age Group: Under 30 31-40
 41-50 51-60 Over 60
Birthday (mm/dd) _____
I've been a loyal contributor
for _____ years.
SPOUSE _____

2. TELL US HOW TO USE YOUR DONATION

GREATEST COMMUNITY NEEDS

- Pikes Peak United Way (your gift will be directed to the area of greatest need) \$ _____
- Community Investment Fund \$ _____
- Military/Veterans Assistance \$ _____
- Child Care Fund \$ _____
- Youth Success \$ _____
- Family Stability/ Homelessness \$ _____

UNITED WAY INITIATIVES

- 2-1-1 \$ _____
- Dolly Parton's Imagination Library (DPIL) \$ _____
- Colorado Springs Promise \$ _____
- Emerging Leaders Council \$ _____
- Women United \$ _____

DESIGNATION:

_____ (PPUW Partner Agency or local nonprofit)

*PPUW may withhold 10% of designated gift to non-partner organizations - to be invested in the Community Investment Fund. Does not apply to Tocqueville or Cornerstone Donors.

Donors of \$1000 or more will be recognized as a Leader in Giving in our publications. Please tell us how you'd like your name to appear:

Qualify for tax credit on your Colorado state income taxes!

- Colorado Child Care Contribution Credit - Receive a 50% tax credit by giving to Child Care Fund or DPIL (\$250 minimum gift).
- El Paso County Enterprise Zone - Receive a 25% tax credit by giving to 2-1-1 (\$250 minimum gift). Checks made payable to El Paso County Enterprise Zone with PPUW 2-1-1 in Memo line.

*Both credits are excluded with payroll deductions
Please visit <https://engage.ppunitedway.org/taxcredits>

Yes, I want to leave a better future for generations by making an additional contribution to the PPUW Endowment Fund: \$ _____

MY TOTAL ANNUAL GIFT: \$ _____

3. PLEASE INDICATE THE DONATION AMOUNT AND METHOD OF PAYMENT

Option 1: eCheck/Automatic Bank Account Withdrawal - \$25 minimum

Bank Name: _____ Bank Routing Number: _____

Bank Account Type: _____ Bank Account Number: _____

- One time ACH payment
- Or in equal payments: _____ months beginning _____ (month/year)

Option 2: Give cash/check/bill me or credit card - Please check one below

- Cash/Check (attached)
- Please bill me (home address required above) - \$25 minimum
- Credit Card (please provide information below) - \$25 minimum
 - One time Credit Card payment
 - Or in equal payments: _____ months beginning _____ (month/year)

Credit Card (please circle): Visa Mastercard Discover Amex Name on Card _____

Number: _____ Expiration Date: _____ CVN: _____



Signature _____

Date _____

- I am interested in learning more about volunteer opportunities in my community
- I would like to remain anonymous

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. For contributions made through payroll deduction, please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Please consult your tax adviser for more information.